



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

Board of Occupational Therapy Practice Licensure Instructions

General Requirements:

Send to the Board the following:

1. The completed, notarized application form. Incomplete applications will be returned.
2. The correct fee. See fee schedule. Payment may be made by personal check or money order made payable to the "State of Delaware".
3. Official sealed transcript sent directly from your academic institution, including proof of completion of field work (transcript will indicate completed field work).
4. Fee is non-refundable; materials submitted are not returnable.

Delaware Rules and Regulations governing the practice of Occupational Therapy in the State of Delaware are available on the website www.dpr.delaware.gov.

Licensure By Exam:

You must successfully pass the NBCOT examination in order to obtain a Delaware license. Call NBCOT for their candidate handbook at 301-990-7979 or visit their website to register online.

NBCOT will give you the option of having your scores sent to Delaware, where they will be kept on file for one year. In order to receive a license, the Board must receive your official test scores.

Foreign-trained applicants must consult with NBCOT, as they will determine eligibility to sit for the examination.

Licensure By Reciprocity:

If you have already taken and passed the NBCOT examination and hold a license in another US state, District of Columbia or US Territory, the following information must be submitted:

- Verification of passing score or certification from NBCOT.
- Letter(s) of good standing from ALL states where licensure has previously and is currently granted.
- The completed, notarized application form. Incomplete applications will be returned.
- The correct fee. See fee schedule. Payment may be made by personal check or money order payable to the "State of Delaware".



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Board of Occupational Therapy Practice Application For Licensure

1. Name (as you wish it to appear on your license):

2. Other names, such as maiden name, previous married name, adoptive name, etc.:

3. Social Security Number: _____

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. § 8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. § 2216 and for other lawful purposes.

4. Which Profession?

☐ Occupational Therapist

☐ Occupational Therapy Assistant

What kind of License?

☐ Permanent License

☐ License By Reciprocity

5. Have you ever held a Delaware OT license of any kind?

☐ Yes ☐ No

If Yes: Complete the following:

Issue Date	Expiration Date	Name Used, If Different from #1	License #
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6. Have you passed the NBCOT exam?

☐ Yes ☐ No

If Yes:

Certification Number

Issue Date

Expiration Date

If No: When will you take the exam?

Month

Year

7. If you passed the exam within the past year, did you have your score reported to Delaware?

☐ Yes ☐ No

8. Permanent Mailing Address:

Street, P.O. Box, etc.: _____

City, State, Zip: _____

Phone: (____)_____ Email: _____

9. Business Address in Delaware, if known:

Business Name: _____

Street, P.O. Box, etc.: _____

Phone: (____)_____ Email: _____

10. Occupational Therapy Education:

Institution	Address	Degree or Certificate	Date Awarded

11. Have you ever held an Occupational Therapy License, Certificate or Registration in any state, country or jurisdiction? ☐ Yes ☐ No

If Yes: List ALL licenses, certificates, etc., current or expired. Use extra sheet(s) if needed.

State or Jurisdiction	Type of License/Certificate	Number	Date Issued	Expiration Date

State or Jurisdiction	Type of License/Certificate	Number	Date Issued	Expiration Date

12. Have you been the recipient of any administrative penalties regarding your practice of occupational therapy, including but not limited to the following. **If yes, submit a letter of explanation and any relevant documents.**

Fines? ☐ Yes ☐ No

Formal Reprimands? ☐ Yes ☐ No

License Suspensions? ☐ Yes ☐ No

License Revocations (except for non-payment of fees)? ☐ Yes ☐ No

Probationary Limitations? ☐ Yes ☐ No

Entered into "Consent Agreements" containing conditions placed by a Board on professional conduct and practice, including voluntary surrender of a license?

☐ Yes ☐ No

Other: _____
(Explain, using additional paper if necessary)

13. Are any unresolved complaints pending against you in any jurisdiction? Yes_____ No_____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

14. Do you have any impairment related to drugs or alcohol that would limit your practice to occupational therapy? Yes_____ No_____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes_____ No_____ **If yes, submit a certified copy of your criminal history record.**

16. Rules and Regulations governing the practice of Occupational Therapy in the State of Delaware are available on the website www.dpr.delaware.gov. If you would like a copy sent to you, please indicate here:

☐ Yes, please send me a copy of the Rules and Regulations.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

Affidavit and Information Release

Please Read Carefully Before Signing:

In making this application to the Delaware Board of Occupational Therapy Practice for license as an Occupational Therapist or Occupational Therapy Assistant, I affirm under oath before the undersigned authority that I am the applicant in the foregoing application and that:

1. I have read and agree to abide by Delaware's Title 24, Chapter 20 of the Delaware Code, Professions and Occupations statutes and all Rules and Regulations.
2. I will inform the Delaware Board of Occupational Therapy Practice in writing within 30 days of any change of name or address.
3. I will not practice occupational therapy nor represent myself to do so without a current Delaware license in my possession.
4. I will abide by the Board's rules concerning supervision of aides and licensees.
5. If licensed as an Occupational Therapist, I will provide the required level of supervision to any aide or Occupational Therapy Assistant. I will complete all required logs and documentation of supervision.
6. I hereby authorize the national Board for Certification in Occupational Therapy to release to the Delaware Board of Occupational Therapy Practice any information requested by the Board in connection with this application.
7. The information I have provided in this application is the truth. I understand that providing false information may result in the voiding of this application, denial or revocation of license.

Printed Name of Applicant

Signature of Applicant

Subscribed and Sworn to before me on this _____ day of _____ (year) _____

Signature of Notary _____ Commission Expires: _____

Notary Seal